



Communicable Disease and Epidemiology News
Published continuously since 1961

Return Service Requested

In the August 2000 issue:

• Revised Notifiable Diseases Reporting Requirements – Effective September 2000

Vol. 40, No. 8

Immediate Notification to Local Health Department of the Following Suspected or Confirmed Conditions:

- Animal Bites
- Botulism (Foodborne, infant, and wound)
- Brucellosis (*Brucella* species)
- Cholera
- Diphtheria
- Disease of suspected bioterrorism origin (including, but not limited to):
 - Anthrax
 - Smallpox
- Disease of suspected foodborne origin (disease clusters only)
- Disease of suspected waterborne origin (disease clusters only)
- Enterohemorrhagic *E. coli* (such as *E. coli* O157:H7 infection)
- Haemophilus influenza (invasive disease, children < age 5)
- Hemolytic uremic syndrome
- Hepatitis A (acute infection)
- Listeriosis
- Measles (rubeola)
- Meningococcal disease
- Paralytic shellfish poisoning
- Pertussis
- Plague
- Poliomyelitis
- Rabies (including post-exposure prophylaxis)
- Relapsing fever (borreliosis)
- Rubella (including congenital rubella syndrome)
- Salmonellosis
- Shigellosis
- Tuberculosis
- Typhus
- Yellow fever
- and
- Other rare diseases of public health significance
- Unexplained critical illness or death

- Conditions (Suspected or Confirmed) Notifiable to WA State Department of Health Immediately :
Pesticide poisoning (hospitalized, fatal, or cluster)
- Conditions (Confirmed) Notifiable to WA State Department of Health within 3 Work Days
Pesticide Poisoning (other)
- Conditions (Confirmed) Notifiable to WA State Department of Health on a Monthly Basis
Asthma, occupational
Birth Defects – Autism
Birth Defects – Cerebral Palsy
Birth Defects – Fetal Alcohol Syndrome/Fetal Alcohol Effects

Notification Within 3 Work Days to Local Health Department for the Following Confirmed Conditions:

- Acquired Immunodeficiency Syndrome [AIDS]
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis* infection
- Cryptosporidiosis
- Cyclosporiasis
- Encephalitis, viral
- Giardiasis
- Gonorrhea
- Granuloma inguinale*
- Hantavirus pulmonary syndrome
- Hepatitis B (acute infection)
- Hepatitis B surface antigen+ pregnant women
- Hepatitis (infectious), unspecified
- Herpes simplex, neonatal and genital (initial infection only)
- Human immunodeficiency virus (HIV) infection
- Legionellosis
- Leptospirosis
- Lyme Disease
- Lymphogranuloma venereum
- Malaria
- Mumps
- Psittacosis
- Q Fever
- Serious adverse reactions to immunizations
- Syphilis
- Tetanus
- Trichinosis
- Tularemia
- Vibriosis
- Yersiniosis

Notification on a Monthly Basis to Local Health Department of the Following Confirmed Conditions:

- Hepatitis B (chronic) – Initial diagnosis, and previously unreported prevalent cases
- Hepatitis C – Initial diagnosis, and previously unreported prevalent cases

Disease Reporting (area code 206)

AIDS	296-4645
Communicable Disease...	296-4774
STDs	731-3954
Tuberculosis	731-4579
24-hr Report Line	296-4782

Hotlines:
CD Hotline 296-4949
HIV/STD Hotline 205-STD5
<http://www.metrokc.gov/health>

New Notifiable Conditions Regulations
Effective September 2000

Health care providers are required by Washington State regulations to report certain health events to local or state health departments. Reporting of notifiable conditions by health care providers is the foundation of communicable disease surveillance and control programs. Timely reporting enables rapid recognition of outbreaks and enhances the efficacy of disease control interventions. Disease report data are used to understand changes over time in disease manifestations, incidence and populations affected by conditions under surveillance; to identify new diseases of public health importance; for program planning and resource allocation; and to obtain State and Federal resources to address community needs identified by analysis of surveillance data.

For the past two years, the Washington State Departments of Health and Labor & Industries and the State Board of Health have been working to update the system for tracking notifiable diseases and conditions. This process has yielded revised regulations that comprehensively integrate into a single system the nine sets of regulations previously used by Washington’s public health authorities. The list of notifiable conditions has been revised and the State Board of Health approved the regulations for adoption at their July meeting and they will become effective in September 2000. The new regulations are available at:
<http://www.doh.wa.gov/os/policy/246-101.htm>.

Please remember that our State law requires **health care providers** report notifiable conditions even when the condition is also reportable by the clinical laboratory. This is because the clinical laboratory report does not contain complete demographic, clinical and epidemiologic information.

What has Changed for the Health Care Provider?

Instead of the previous system’s ten different time frames for reporting notifiable conditions, there are now three time frames for reporting:

- Immediately (certain suspected or confirmed cases)
- Within 3 work days (certain confirmed cases)
- Monthly (certain confirmed cases)

Newly Notifiable Conditions

Cryptosporidiosis, cyclosporiasis, chronic hepatitis B (including surface antigen positive pregnant women), acute and chronic hepatitis C, hantavirus, hemolytic uremic syndrome, invasive group A streptococcal disease, occupational asthma, diseases of suspected bioterrorism origin, unexplained critical illness or death, fetal alcohol syndrome/effects, and autism.

On the other hand, **the following conditions are no longer notifiable:** amebiasis, Kawasaki syndrome, leprosy, non-gonococcal urethritis, acute pelvic inflammatory disease, *Pseudomonas folliculitis* of suspected waterborne origin, Reye syndrome, rheumatic fever, and tick paralysis.

Other notable changes include:

- A change to reporting of **all** enterohemorrhagic *E. coli* (EHEC)
- Addition of reporting of chronic hepatitis B and chronic C cases (including hepatitis B surface antigen-positive pregnant women)
- Addition of immediate reporting of suspicion for diseases of potential bioterrorist origin, emphasizing the importance of a high index of suspicion for this event by health care providers
- Addition of immediate reporting of unexplained critical illness or death
- Conditions requiring immediate notification include *suspected* cases.

Reporting of HbsAg+ pregnant women is now a legally notifiable condition, and should be reported for **each** pregnancy. There are three ways to report these cases:

- 1) Phone our 24-hour line at 296-4782, or
- 2) Fax a copy of the current prenatal hepatitis B screening lab results and the perinatal mother-infant report form to (206) 296-4803, or
- 3) Mail a copy of the lab results and the perinatal mother-infant report form to our Communicable Disease office within 3 days.

If you have questions or if you need perinatal hepatitis B materials please contact Linda Vrtis, PHN, at (206) 296-4777 or Marilyn Dunn at (206) 296-4774.

Reported Cases of Selected Diseases Seattle-King County 2000				
	Cases Reported		Cases Reported	
	In July		Through July	
	2000	1999	2000	1999
VACCINE-PREVENTABLE DISEASES				
Mumps	0	0	3	1
Measles	0	0	2	1
Pertussis	17	8	130	367
Rubella	0	0	1	2
SEXUALLY TRANSMITTED DISEASES				
Syphilis	11	7	41	43
Gonorrhea	74	67	526	463
Chlamydial infections	360	342	2229	1906
Herpes, genital	69	74	428	345
Pelvic Inflammatory Disease	17	23	113	134
Syphilis, late	0	2	15	19
ENTERIC DISEASES				
Giardiasis	22	11	114	83
Salmonellosis	13	72	102	141
Shigellosis	2	7	111	29
Campylobacteriosis	28	28	145	117
E.coli O157:H7	12	0	19	14
HEPATITIS				
Hepatitis A	3	28	59	68
Hepatitis B	5	9	23	21
Hepatitis C/non-A, non-B	1	0	4	2
AIDS				
	24	29	120	115
TUBERCULOSIS				
	13	4	61	46
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae B (cases < 6 years of age)	0	0	0	0
Meningococcal disease	1	0	9	11